

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1070092499

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.			4			
TOTAL DEP.			4			
TOTAL CLAIMS		25				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				4		
TOTAL DEP.				4		
TOTAL CLAIMS		25				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY